

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       | 111      | 11     | 3/31/01  |
| <b>FORMALITY REVIEW</b>          | 442      | 5C-916 | 05-16-01 |
| <b>RESPONSE FORMALITY REVIEW</b> | NN       | 778    | 8/2/01   |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim    | Date  |
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| Final    |       |
| Original | 12/07 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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